

HEALTH STATUS

The systematic assessment of women's health status enables health professionals and policy makers to determine the impact of past and current health interventions and the need for new programs. Trends in health status help to identify new issues as they emerge.

In the following section, health status indicators are presented related to mortality, morbidity, health behaviors, and reproductive health. Issues pertinent to selected populations of women, including older, immigrant, rural, and incarcerated women are also addressed. The data are displayed by sex, age, and race and ethnicity, where available. Many of the conditions discussed, such as cancer, heart disease, hypertension, and stroke, have an important genetic component. Although the full impact of genetic risk factors on many of these conditions is still being studied, it is vital for women to be aware of their family history so that their risk for developing such conditions can be properly assessed.



NUTRITION

The U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (DHHS) recommend that Americans eat a variety of nutrient-dense foods and beverages while staying within their calorie needs. For most people, this means eating an assortment of fruits and vegetables, whole grains, and low-fat milk products while limiting sugar, sodium, saturated and trans fats, cholesterol, and alcohol.¹ Two dietary nutrients that are especially important to women are folate (or folic acid) and calcium. Folate is a B vitamin that supports growth and development, prevents certain birth defects and anemia during pregnancy, and may lower the risk of heart disease and certain cancers. Calcium is the most

abundant mineral in the human body and is vitally important to bone health; inadequate calcium intake can lead to osteoporosis, which may result in painful fractures and disability.

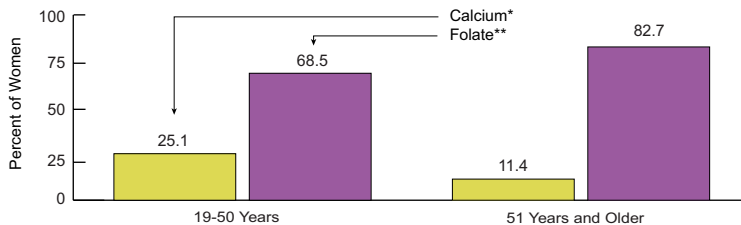
Despite their importance, many women are not consuming enough folate or calcium. In 1999-2002, only 19.9 percent of women consumed the recommended amount of calcium through their diets (not including supplements). One quarter of women ages 19 to 50 consumed 1000 mg/day, the recommended amount for that age group; only 11.4 percent of women ages 51 and older consumed the recommended 1200 mg/day. Non-Hispanic White women were most likely to consume enough calcium (22.8 percent), while non-Hispanic Black women were least likely (9.9 percent).

Women were much more likely to have an RBC (red blood cell) folate level of at least 220 ng/ml, the amount set as a goal for the Nation in Healthy People 2010. Overall, 73.9 percent of women had this folate level, although this varied widely by age. Two-thirds of women ages 18 to 44 had RBC folate levels of at least 220 ng/ml, while 83 percent of women ages 75 and older had the same. Non-Hispanic White women were most likely to have a RBC folate level of at least 220 ng/ml (79.4 percent), while non-Hispanic Black women were least likely (47.2 percent).

1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans*, 2005. 6th edition, Washington, D.C.: U.S. Government Printing Office, January 2005.

Women's Intake of Folate and Calcium, by Age, 1999-2002

Source: (II.3) Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey



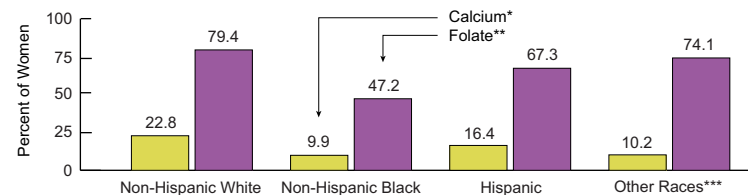
*At least 1000mg/day for women aged 19-50 years and at least 1200 mg/day for women aged 51 and older, excluding supplements.

**Red blood cell folate level of at least 220 ng/ml.

***Includes Asian/Pacific Islander, American Indian/Alaska Native, and persons of more than one race.

Women's Intake of Folate and Calcium, by Race/Ethnicity, 1999-2002

Source: (II.1) Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey





PHYSICAL ACTIVITY

Regular physical activity promotes health, psychological well-being, and a healthy body weight. To reduce the risk of chronic disease, the current Dietary Guidelines for Americans recommend at least 30 minutes of moderate to intense physical activity on most days of the week for adults. To prevent weight gain over time, the Guidelines recommend about 60 minutes of physical activity per day.¹

In 2003, women of all ages were less likely to report engaging in regular physical activity than men. The largest differences were observed among the youngest and oldest segments of the

population. At 18 to 24 years, 36.8 percent of women reported regular physical activity, compared to 48.4 percent of men. Among those aged 75 and older, 14.3 percent of women reported regular physical activity, compared to 23.0 percent of men. With increased age, rates of self-reported physical activity decreased among both men and women.

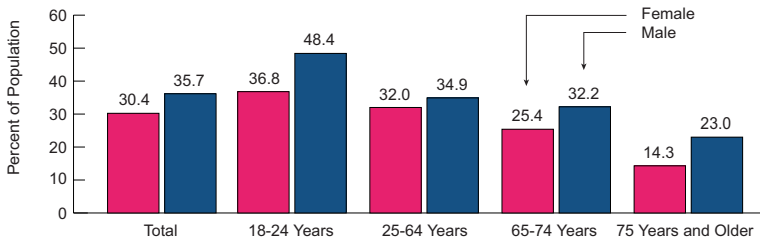
Physical activity in adolescence is important to health in adulthood. Childhood obesity or other health issues related to lack of physical activity may be a precursor for adverse health effects in adulthood,² and physical activity during youth may be a habit that is carried into

adulthood. In 2003, 51.0 percent of female high school students played on one or more sports teams; the rate was lower among 12th graders than 11th graders and younger students. Among all high school females, 52.8 percent were enrolled in physical education; however, only 26.4 percent attended these classes daily.

- 1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans*, 2005. 6th edition, Washington, D.C.: U.S. Government Printing Office, January 2005.
- 2 Boreham C, Riddoch C. The physical activity, fitness, and health of children. *Journal of Sports Sciences* 2001 Dec;19(12):915-29.

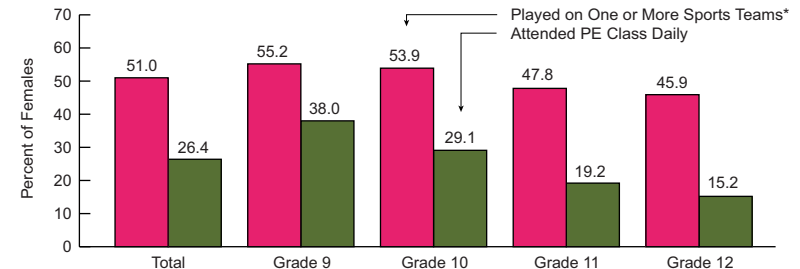
Adults Aged 18 and Older Who Engaged in Recommended Amounts of Physical Activity,* by Age and Sex, 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



High School Females Participating in Sports and Physical Education Classes,* by Grade, 2003

Source (II.3): Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System



*Recommended physical activity is defined as moderate activity 5 times a week for 30 minutes, or vigorous activity 3 times a week for 20 minutes.

*Run by their school or community groups during the 12 months preceding the survey.

CIGARETTE SMOKING

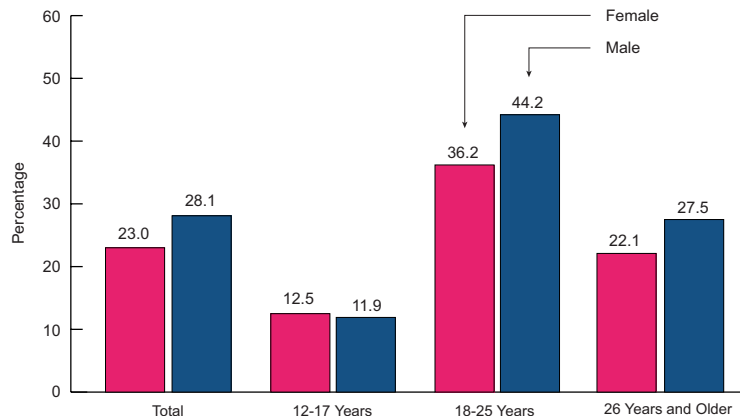
Cigarette smoking is associated with numerous chronic illnesses and premature death. In 2003, 60.4 million people aged 12 and older smoked cigarettes within the past month. Nearly one out of every four adult women smoked cigarettes in the past month, representing 26.6 million women aged 18 or older. For both women and men, smoking cigarettes often

begins in adolescence and increases in prevalence among the young adult population. Among females, in 2003 the rate of cigarette smoking was 12.5 percent among 12-17 year-olds, 36.2 percent among 18-25 year-olds, and 22.1 percent among those aged 26 and older. While adult women (aged 18 and older) were less likely than men to have smoked in the previous month (24.1 percent compared to

30.1 percent), smoking was slightly more common among adolescent girls than among their male peers (12.5 percent of females compared to 11.9 percent of males in the 12-17 age group). While women in all racial and ethnic groups are less likely to smoke while they are pregnant, 25.0 percent of non-Hispanic White women smoked during pregnancy, more than 3 times the rate among Hispanic women.

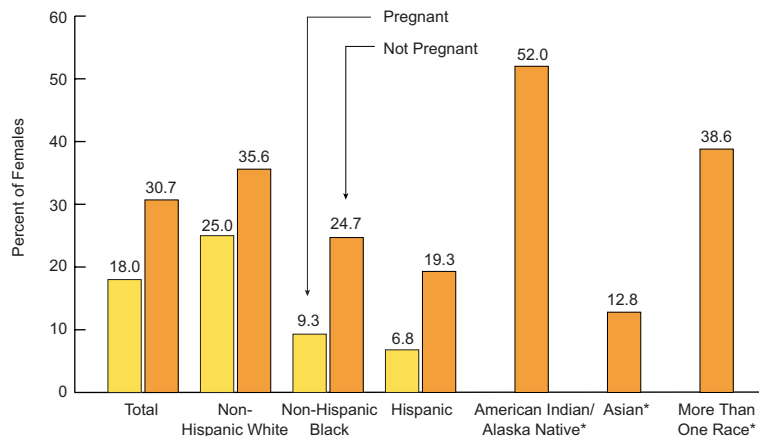
Percent of Persons Aged 12 and Older Reporting Past Month Cigarette Use, by Age and Sex, 2003

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



Females Aged 15-44 Years Reporting Past Month Cigarette Use, by Race/Ethnicity and Pregnancy Status, 2002 and 2003 Combined

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Low precision, no estimate for pregnant women reported.

ALCOHOL MISUSE

In 2003, 24 percent of the U.S. adult population (aged 18 years and older) reported binge alcohol use, which is defined as having five or more drinks on the same occasion at least once in the month prior to the survey. The rate of binge alcohol use among males was more than twice that of females (30.9 percent compared to 14.8 percent). Additionally, 3.4 percent of adult women and 10.4 percent of adult men reported heavy alcohol use in the past month.

For many women, alcohol misuse begins in adolescence, though its prevalence rises significantly and peaks in the 18-25 age group. Among these young adult women, 31.8 percent reported binge drinking and 9.0 percent reported heavy drinking in the past month.

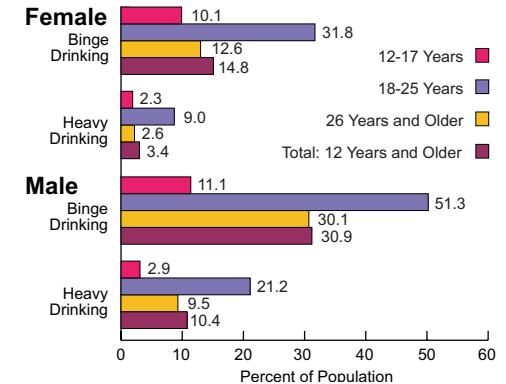
Among their younger counterparts aged 12-17, 10.1 percent reported binge drinking and 2.3 percent reported heavy alcohol use in the past month. The rates for the 26 and older group are closer to the adolescent group, with 12.6 percent reporting binge drinking and 2.6 percent reporting heavy drinking. The significant gender disparity in alcohol use noted above does not exist for adolescent males and females aged 12-17 years.

Drinking alcohol during pregnancy contributes to Fetal Alcohol Syndrome (FAS), infant low birth weight, and developmental delays in children. Findings from the 2002 and 2003 National Surveys on Drug Use and Health reveal that 4.1 percent of pregnant women aged 15-44 reported binge drinking in the past

month. This compares to a rate of binge drinking during the past month of 23.2 percent among non-pregnant women. Among non-pregnant women in this age group, American Indian/Alaska Native women were most likely to binge drink (35.1 percent) compared to other racial and ethnic groups, non-Hispanic White women (26.1 percent) followed. Asian, non-pregnant women were the least likely to report binge drinking (9.1 percent).

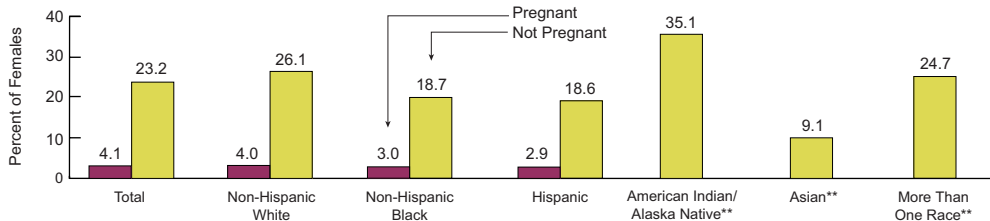
Persons Reporting Past Month Binge Alcohol Use and Heavy Alcohol Use,* by Age and Sex, 2003

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



Females Aged 15-44 Years Reporting Past Month Binge* Alcohol Use, by Race/Ethnicity and Pregnancy Status, 2002 and 2003 Combined

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*"Binge" Alcohol Use was defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. "Occasion" means at the same time or within a few hours of each other. "Heavy" Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all "Heavy" Alcohol Users are also "Binge" Alcohol Users.

**Low precision; no estimate reported for pregnant women.

ILLICIT DRUG USE

Because of their association with serious health consequences and addiction, marijuana/hashish, cocaine, inhalants, hallucinogens, crack, and prescription-type psychotherapeutic drugs used for non-medical purposes are classified as illicit drugs. In 2003, a total of 12.5 million women (11.3 percent) aged 18 or older reported using an illicit drug within the past year. The past-year illicit drug use rate is significantly higher among women aged 18-25 than among women over age 25 (30.5 percent compared to 8.1 percent). Among adolescent females (aged 12-17), 21.9 percent reported using illicit drugs in the past year. When stratified by race, the rate of illicit drug use among adolescent females was more common among non-Hispanic Whites (23.4 percent) than Hispanics (21.8 percent) or non-Hispanic Blacks (18.2 percent).

In 2003, marijuana was the illicit drug most commonly used by females in all age groups. Among females, those aged 18-25 had the highest rate of past year marijuana use (24.0 percent), though the rate of marijuana use in this age group declined from 2002 to 2003. The second most common type of illicit drugs used in the past year by women aged 18-25 was prescription-type psychotherapeutic drugs used for non-medical purposes—these were used by 13.5

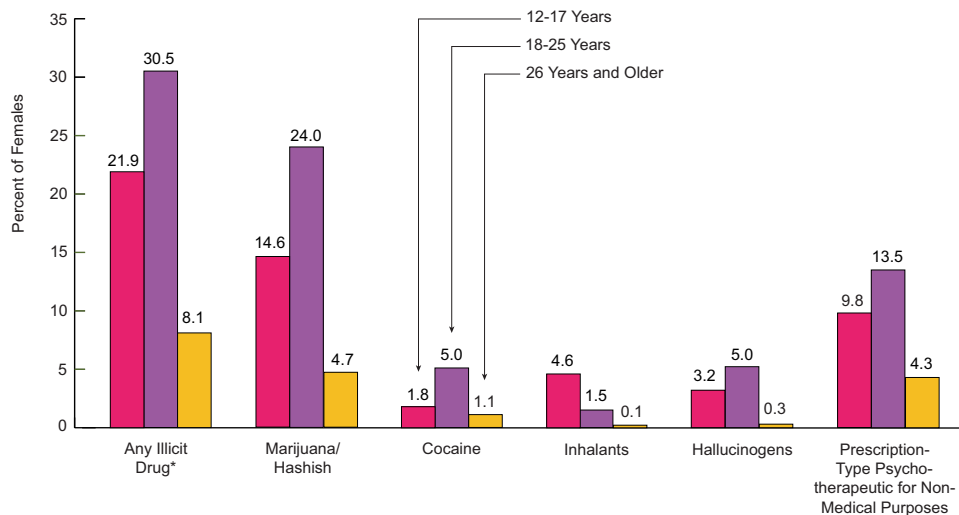
percent of women aged 18-25 years. Adolescent females' drug use patterns differed from those of adult women. Those aged 12-17 reported the highest rate of inhalant use compared to their older counterparts.

In 2002 and 2003, 4.3 percent of pregnant women aged 15 to 44 years reported using illicit drugs in the month prior to their survey

interview. Among the subgroup of 15- to 17-year-old pregnant youth, approximately one of eight, or 12.8 percent, reported illicit drug use in the past month. At the same time, it is important to note that the past-month illicit drug use rate was much lower among pregnant women than among non-pregnant women in all age groups.

Females Reporting Past Year Use of Illicit Drugs, by Age and Drug Type, 2003

Source (II.4): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*This category includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic drugs used for non-medical purposes.